

IN The United States District Court for The Western District of Pennsylvania (ID# N, 42-B.) date 9/16/2005

Preston Catchings

VS

Mr. Morrow et. al.

Civil Action No# 03-284 Erie

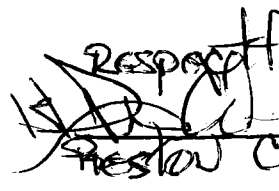
Motion for Administrative Assistance

Now comes solicitor Preston Catchings #BJ8956, requesting the Chief Clerk or Clerk(s) of U.S. District Court of the Western District to allow plaintiff a copy of the envelope received 7/27/2005, Document #57, CASE NO# 1:03-cv-00284, AND a status sheet concerning the same case, from inception, to present date. . . . Plaintiff avers that he is indigent and cannot afford to pay the expenses of copying and mailing services.

"Explained" on 7/8/2005, I, Mr. Preston Catchings #BJ8956, housed at S.C.I. CRESSON, P.O. BOX "A", Old Route 22, CRESSON PA. zip 16699, deposited a package of privileged legal mail, into S.C.I. CRESSON mail system (mail box) to be mailed to U.S. District Court Western District PA. . . .

I received the petition back 7/27/2005, stating that the motion is dismissed. A final order has been entered in this case and the case is closed. . . what I need to know is when your office receive this particular privileged legal mail, dates thereof, postage dates and the envelope should read inmate mail and when it left S.C.I. CRESSON.

Went implore's the Senior Clerk. Mr. Robert V. Barth benevolence in this matter.

Respectfully submitted

 BJ8956
 Preston Catchings BJ8956

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proof of mailing.

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Form DC-135A	
Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER	
INSTRUCTIONS: Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer)	2. Date:
3. By: (Print Inmate Name and Number) _____ _____	4. Counselor's Name:
Inmate Signature	5. Unit Manager's Name:
6. Work Assignment:	7. Housing Assignment:
8. Subject: (State your request completely but briefly. Give details.) 	
9. Response: (This Section is for Staff Response Only) 	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name _____ / _____ Date _____
Print Sign

Revised July 2000

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[illegible]

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